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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)                      |  | Docket Number (Optional)<br>740819-430 |
| In re Application of Shinji NAKAMURA et al.                               |  |  |
| Application Number 09/680,054   |  | Filed October 5, 2000                  |
| For SEMICONDUCTOR DEVICE, SEMICONDUCTOR SUBSTRATE, AND MANUFACTURE METHOD |  |  |
| Group Art Unit 2823   |  | Examiner Brook Kebede                  |

**CERTIFICATE OF MAILING**  
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Name: Jeannie Saxton

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

|  |          |
|--|----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$110.00 |
| <input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) - (\$200/\$400)           | \$       |
| <input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$460/\$920)         | \$       |
| <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$720/\$1440)         | \$       |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$980/\$1960)         | \$       |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380  
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

August 29, 2002  
Date

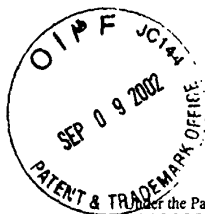
Signature

Donald R. Studebaker  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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|  |                        |                        |
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| <b>TRANSMITTAL<br/>FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 09/680,054             |
|  | Filing Date            | October 5, 2000        |
|  | First Named Inventor   | Shinji NAKAMURA et al. |
|  | Group Art Unit         | 2823                   |
|  | Examiner Name          | Brook Kebede           |
| Total Number of Pages in This Submission   | Attorney Docket Number | 740819-430             |

| ENCLOSURES (check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional<br>Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Other  |
| Remarks  |  | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees<br>required or credit any overpayments to Deposit Account No. 19-2380 for the<br>above identified docket number. |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm<br>or<br>Individual name              | <u>Donald R. Studebaker, Reg. No. 32,815</u><br>Nixon Peabody LLP<br>8180 Greensboro Drive<br>Suite 800<br>McLean, VA 22102 |
| Signature                                  |   |
| Date                                       | August 29, 2002   |

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| Type or printed name   | Jeannie Saxton  |
| Signature  |                 |
| Date   | August 29, 2002 |

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PTO/SB/17 (11-00)

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| FEE TRANSMITTAL<br>FOR FY 2002              |  | Complete if Known    |                        |
|---|--|----------------------|------------------------|
| Patent fees are subject to annual revision. |  | Application Number   | 09/680,054             |
| TOTAL AMOUNT OF PAYMENT (\$)                |  | Filing Date          | October 5, 2000        |
| 110.00                                      |  | First Named Inventor | Shinji NAKAMURA et al. |
|   |  | Examiner Name        | Brook Kebede           |
|   |  | Group Art Unit       | 2823                   |
|   |  | Attorney Docket No.  | 740819-430             |

| METHOD OF PAYMENT   |                       | FEE CALCULATION (continued)  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|---|-----------------------|--|-----------------------|--|-----------------------|-----------------|----------|-----|-----|--------------------|--------|------------------------|---|--------------------|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|----|--|--|--|--|
| <b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  |                       | <b>3. ADDITIONAL FEES</b>  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| Deposit Account Number: 19-2380   |                       |  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| Deposit Account Name: Nixon Peabody LLP   |                       |  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17   |                       |  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                       |  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <b>2. <input checked="" type="checkbox"/> Payment Enclosed:</b>   |                       |  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                       |  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <b>FEE CALCULATION</b>  |                       |  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <b>1. BASIC FILING FEE</b>  |                       |  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table>   |                       | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code                                      | Small Entity Fee (\$) | Fee Description | Fee Paid | 101 | 740 | 201                | 370    | Utility filing fee     |   | 106                | 330 | 206 | 165 | Design filing fee                 |  | 107 | 510 | 207 | 255 | Plant filing fee                      |  | 108 | 740 | 208 | 370 | Reissue filing fee                                 |  | 114 | 160 | 214 | 80 | Provisional filing fee                                     |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 101   | 740                   | 201  | 370                   | Utility filing fee   |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 106   | 330                   | 206  | 165                   | Design filing fee  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 107   | 510                   | 207  | 255                   | Plant filing fee   |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 108   | 740                   | 208  | 370                   | Reissue filing fee   |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 114   | 160                   | 214  | 80                    | Provisional filing fee                                     |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| SUBTOTAL (1) (\$)   |                       | 0  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b>  |                       |  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>-20** =</td><td></td><td>X</td><td>0</td></tr><tr><td>Independent Claims</td><td>-3** =</td><td>X</td><td>0</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>0</td></tr></tbody></table>  |                       | Total Claims   | Extra Claims          | Fee from below   | Fee Paid              | -20** =         |          | X   | 0   | Independent Claims | -3** = | X                      | 0 | Multiple Dependent |     |     | 0   |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| Total Claims  | Extra Claims          | Fee from below   | Fee Paid              |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| -20** =   |                       | X  | 0                     |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| Independent Claims  | -3** =                | X  | 0                     |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| Multiple Dependent  |                       |  | 0                     |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |                       | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code                                      | Small Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18  | 203                | 9      | Claims in excess of 20 |   | 102                | 84  | 202 | 42  | Independent claims in excess of 3 |  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |  | 109 | 84  | 209 | 42  | ** Reissue independent claims over original patent |  | 110 | 18  | 210 | 9  | ** Reissue claims in excess of 20 and over original patent |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 103   | 18                    | 203  | 9                     | Claims in excess of 20                                     |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 102   | 84                    | 202  | 42                    | Independent claims in excess of 3                          |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 104   | 280                   | 204  | 140                   | Multiple dependent claim, if not paid                      |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 109   | 84                    | 209  | 42                    | ** Reissue independent claims over original patent         |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 110   | 18                    | 210  | 9                     | ** Reissue claims in excess of 20 and over original patent |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| SUBTOTAL (2) (\$)   |                       | 0  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |                       |  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|   |                       | <b>Other fee (specify)</b>   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|   |                       | SUBTOTAL (3) (\$)  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|   |                       | 110.00   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|   |                       | * Reduced by Basic Filing Fee Paid   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|   |                       | SUBTOTAL (3) (\$)  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|   |                       | 110.00   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|   |                       | CERTIFICATE OF MAILING   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|   |                       | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231, on August 29, 2002. |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|   |                       | Name: Jeannie Saxton   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |

| SUBMITTED BY      |                             | Complete (if applicable) |                          |
|-------------------|-----------------------------|--------------------------|--------------------------|
| Name (Print/Type) | Donald R. Studebaker        | Registration No.         | 32,815                   |
| Signature         | <i>Donald R. Studebaker</i> | (Attorney/Agent)         | Telephone (703) 770-9300 |
|                   |                             | Date                     | August 29, 2002          |